



Teaching Students with Mental Health Difficulties

Disability Resource Centre
Keynes House
Trumpington Street
Cambridge CB2 1QA

The term *mental health* describes a sense of well-being. It implies the capacity to live in a resourceful and fulfilling manner, having the resilience to deal with the challenges and obstacles that life and studying present.

The term '*mental health difficulties*' covers long-standing disabilities such as bi-polar disorder, schizophrenia, as well as disabling conditions such as depression and anxiety. Eating disorders, gender identity disorder, and obsessive compulsive disorder (OCD) are also examples of mental health difficulties

Depression, stress and anxiety are the most common types of mental illness experienced by students, and it is common for students to lack confidence and have low self-esteem despite having the same full range of intellectual abilities as the population as a whole. Due to the variable nature of mental health difficulties it is essential to adapt one's teaching method according to the needs of that student.

Communication

Mental health support needs and coping strategies vary from individual to individual and from time to time. Some students may only require support at stressful times, while others may need to know that support is available throughout their course. It is particularly important to consult with each individual – diagnostic labels are not accurate predictors or indicators of support.

- The need for mental health support may not become apparent until a student has already arrived at university; some students may experience mental health difficulties for the first time during their university studies. Research suggests that 1 in 4 people will experience mental health problems at some point in their lives, and many serious mental

health difficulties become apparent between the ages of 18 – 25. (Source: *Mind*)

- Specialist and therapeutic support for students with mental health difficulties is available through support services such as the Disability Resource Centre, University Counselling Service, GP's and individual college counselors. Most of these sources of support will be able to refer students to specialist external agencies if this is necessary.

Lectures

- Ensure instructions, deadlines, learning outcomes and assessment criteria etc. are clear and the student has a copy in writing.
- Handouts which are clear and comprehensive allow the student to catch-up more easily if they have had a period of absence
- If reading lists are extensive they should be clearly marked with what is required and what is not, as this may reduce the students anxiety about coping with the work-load
- Flexible attitudes towards attendance
- The availability of a quiet space in the department

Equally important is the support offered through other routes such as academic departments, student advice services, and halls of residence.

Supervisions

- Be prepared to listen and give some time if you can. If there are constraints on your time, inform the student from the start that this is the case. Avoid using unhelpful comments like 'pull yourself together'.
- Being open and honest with the student in your initial contact will help to develop trust. Very often help is not sought because the student may be concerned about the consequences of telling someone. If you feel you need to tell someone else, try to obtain the student's consent. However, in some situations, you will be able to talk about the situation to another person and ask their advice, without revealing the identity of the student.
- The student may need help to break down large projects into small chunks with associated deadlines.
- Where students have difficulty with sustained concentration it might also be helpful to include a quick rest break during the supervision.
- Where possible, and if appropriate, additional time should be allowed, as per normal course procedures to complete the written work. This is because the side effects of medication can include drowsiness and difficulty in concentration. Be aware that over the duration of writing a course-work essay or dissertation the student's mental health difficulties may fluctuate with *good* and *bad* periods.
- Monitoring absences in a positive way.
- Co-ordinated support during absence from and return to study.
- For students with compulsive writing rituals (as maybe the case with students with OCD), consider limiting handwritten work. Common compulsive writing rituals include having to dot i's in a particular way or retrace particular letters ritualistically, having to count certain

letters or words, and erasing and rewriting work until it looks perfect.

Examinations

Given that periods of examination and assessment are generally the most stressful experiences for students, those with mental health difficulties may need special support at such times. There is a distinct difference between the student who is nervous going into an exam and a student with mental health difficulties for whom the stress of an exam causes specific and medically recognised difficulties that will consistently and significantly influence their performance in that assessment. Although good practice in terms of minimising stress will benefit all, certain specific arrangements may need to be considered for students with mental health difficulties. These need to be discussed and agreed with the student as early as possible. Some students will not want any special arrangements at all. Arrangements *might* involve the following:

- If the medication a student is taking causes drowsiness or prevents them from concentrating for long periods of time the scheduling of exams (whether they take place in the morning or afternoon) can be an issue. If this is the case, and practically possible, the scheduling of the exam should be carried out in consultation with the student.
- In discussion with the student adopt strategies to reduce exam anxiety. This can include issues such as the location and layout of the exam room. For example, a student may need to be seated by the door or take the exam in separate accommodation to help reduce the fear of a public panic attack. Similarly a student with heightened sensitivity to their environment may need to

take their exam in separate accommodation to minimize distraction.

- Additional time may also be necessary for any students who have “checking” behaviours that can disrupt concentration. The invigilator should ensure they use clear and unambiguous verbal exam instructions.
- Breaks might be given within the assessment to lessen pressure and make the experience less tiring for those who may be affected by medication etc.
- Medication can have side effects such as tremors or involuntary movements making co-ordination difficult. Memory, concentration and speech can also all be affected, with speech becoming slurred, slow and/or hurried. Where students experience these kinds of side effects an oral presentation/viva can present particular difficulties causing anxiety and embarrassment. A student should not be penalized for any of these types of behaviours and the Assessment Criteria should reflect this.
- Consider strategies to reduce anxiety or embarrassment because of the side effects of medication. For example the student could have the choice to make their presentation to the marker rather than the whole group. In some cases an alternative assessment may be judged more equitable, this could be a written piece of work or a stand alone PowerPoint slide show for example.
- If the oral presentation involves some form of peer assessment thought needs to be given to the assessment strategy and criteria to prevent the student from being disadvantaged. You may need to consider how this can be done in a sensitive way to minimize anxiety and the feeling that the individual rather than the piece of work is being critiqued. Some students with mental health difficulties may experience a heightened

awareness of self and could find this situation distressing.

- In a *viva* situation you may also need to consider the impact of stimuli on the student and ensure as far as is possible the suitability of the location. For example making sure the student is not sitting next to heater or the air conditioning system, and that lighting is not distracting. Give the student the opportunity to tell you if there is something in the room causing a distraction.

Resources Available

- Disability Resource Centre

Disability advisers help students organise the help they need due to their disability. This can include note-takers for lectures via the Non-medical Assistance Scheme (NMA). There is also a library of electronic equipment such as mini-disc recorders, software etc. available to students.

- Disabled Students' Allowances

Awarded by the Local Authority (previously the LEA) to home students, the DSA is designed to cover any of the additional costs of studying in Higher Education by a disabled person. The allowance pays for any equipment or human help that is needed in order for the individual to study effectively. In the case of students who have mental health difficulties, this may be in the form of note-takers and other non-medical assistance or electronic equipment, software such as laptops, mini-disc recorders etc.

- College Tutors

College tutors can provide support for the student in a number of ways such as helping make arrangements for extra time during examinations. They can also put the student in contact with the Disability Liaison Officers in the

relevant department ensuring that the arrangements have been made for the student. In addition the tutor can help with motivation and planning strategies to cope with stress or anxiety during presentations, placements or examinations. They can also ensure that the student has access to the college counsellors and can speak with the Academic office (with explicit permission of the student) if any difficulties arise which are having an adverse effect on the academic progress of the student.

Case study:

- Joy Mather

Mental Health Development Officer,
Loughborough University

- Bob Wood

School of Manufacturing Engineering,
Loughborough University

Background:

R had been suffering from depression from very early on in his degree, after having to cope with some painful and unfortunate family circumstances. He had difficulties in completing the progression requirements each year, and during his industrial placement he experienced a breakdown. He was subsequently coping with acute symptoms of depression, alcohol problems, as well as anxiety and damaged confidence. He had been receiving support from the University Counselling Service for some time and also had regular contact with psychiatric services.

At the beginning of his final year R's counsellor referred him to the University's mental health development officer. She talked with him about the practical help which she could offer and one of the things R identified was that it would be helpful to explain about his difficulties to his Programme Director and thus engender greater understanding about them. A three-way meeting was arranged.

Bob's perspective:

Prior to the arranged meeting, it was apparent throughout R's studies that his problems were having a clear effect on his academic performance. However, his positive attitude towards his studies gave me little cause to single him out. During the initial meeting with R and Joy it became apparent that this positive attitude was really a dogged

determination to complete his degree, and that this determination was a second major source of anxiety.

In developing a useful dialogue with R, it seemed important to convince him that his situation was manageable and that he was an important member of the 'management team'. In practical terms, this required the three of us to negotiate and progress a study plan that was sympathetic to his needs but adequately challenging to satisfy his determination. It seemed wrong to view R as a 'client' or 'patient' and more positive to see him as a student struggling to cope with strong negative influences in his life. Over several meetings, this prompted R and I to discuss various ways in which he might better manage his time and thoughts, and to perhaps recognise and accept those periods when his depression was too strong for productive study.

Although the three of us had only one face-to-face meeting, subsequent telephone and email discussions between Joy and myself were very important in steering my dialogue with R, particularly in developing my non-academic perspective and grounding my expectations of him.

Joy's perspective:

R, had an insightful approach to the difficulties he was having. He seemed fairly clear about what he thought might help, perhaps because by the time I met him he had been struggling with depression and its consequences, for some time. He was apprehensive about the meeting with Bob, but also definite about the fact that he was the person he needed to see. I assumed from this that he had already trusted him with some information about his situation, but this was in fact not the case. The thought of explaining and describing his feelings and his situation made him very nervous on the day of our three-way

meeting, and I know now that in fact the two had barely spoken to each other before this point.

Bob handled a delicate situation quietly, sometimes humorously, and focussed on the practical issues in a way which gave a positive and encouraging message; he didn't make a big deal of the experiences R was going through. Liaison meetings can be difficult, and there may be apprehensiveness from all parties. I think we used this opportunity to share information and to establish the fact that we were all, particularly R himself, part of the process of keeping him on track.

After the meeting I saw R very regularly and came to know him well. We were able to try various strategies to get him through the very difficult final months; he was literally sick and tired of pushing himself day after day when the rewards were not apparent. But mostly I saw him on his own, and only heard his point of view. It was sometimes difficult to treat the line between support which was challenging and confidence building and 'help' which merely reinforced R's sense of deficit and disability.

The value of the collaboration with Bob was that he kept R's experience as an achieving student with a future at the forefront. At one stage in the final semester R had to give a presentation. Because of his experience on placement (in which presentations and accompanying stress had been a stark feature in his breakdown) he was extremely anxious and really doubted his ability to go through this part of the course. Although well aware of the dangers of avoidance, and the need to 'face the fear' I was worried about the effects of the stress on someone whose mental health was already fragile. I argued the case for being sympathetic – maybe giving the presentation to a very small number of students instead of all of them. Bob, however felt that R was someone who could rise to a

challenge, given the right encouragement. His instincts were right; the presentation (to the whole group) and the experience was a real confidence-booster to R, as well as laying the ghosts of the disastrous placement. Bon and I have since been involved in similar judgement calls, and we have found our differing perspectives a useful framework for looking at a situation from all kinds of angles, and making a more informed risk assessment as a result.

The challenges and benefits of working together

In the first place we knew nothing about each other's backgrounds, specialism, ways of working or attitudes – a first meeting in the company of a student who is nervous or vulnerable doesn't necessarily leave a lot of space for checking out these things. Liaison meetings should inspire calmness and confidence! When support is coming from a variety of disciplines and perspective, there are dangers of confusion, inconsistencies, partial or distorted views and unhelpful dynamics (e.g. 'splitting' as it is known by counsellors). There's a definite need to be clear about boundaries and remit and to keep in touch.

But the positive side of 'joined up' collaborative support is that the student can have help in dealing with his/her difficulties in a non-stigmatising way. Mental health support and counselling cannot have the detailed and grounded understanding of an academic course or an industrial placement. In the same view, academic support must take account of the student's wider needs, limitations and capabilities.

However within support frameworks, there is a danger that the student becomes a 'client' or identified with illness or deficits, and there sometimes seems a fine line between challenge and damage. In this respect, clear and trusting dialogue is required to identify how much control the

student can beneficially have in managing his/her problems and to build a support framework around this. If support also comes from within the department, the student has much more chance of remaining first and foremost, 'a student', admittedly with some problems, but also with an informed and realistic departmental advocate as well as objective focused support from elsewhere. R needed all these forms of support, and we needed to be able to communicate throughout and complement each other's ways of working.

Summary

For students with mental health difficulties, the following checklist may be used to ensure appropriate arrangements are being made (checklist from *The needs of disabled students in further and higher education* produced by SKILL).

- Timetable planning and help with work programme to deal with stress.
- Extra support and help with planning before or during exam and assessment periods.
- Exam officers to be aware that problems may arise during exam periods.
- Support from welfare and counselling staff.
- A named contact to go to for support when necessary
- Academic staff to be clear about what they expect from the student.
- Flexibility in attendance and punctuality if treatments or therapies are tightly scheduled or during times when difficulties are worse than usual.
- Computer equipment to enable to student to study at home.
- A quiet room to rest in.
- Contact from staff during any periods of time away from studies.
- Maintenance of confidentiality about student's mental health difficulties.
- Sufficient information and awareness amongst staff who do know about students difficulties to prevent major misconceptions.

Further Information:

- A general overview of teaching students with disabilities can be found at:
<http://www.open.ac.uk/inclusiveteaching/> and
http://www.engsc.ac.uk/downloads/resources/disguid_e2ed.pdf
- Information about specific mental health difficulties like OCD:
http://www.tourettesyndrome.net/Files/tips_oed.pdf
- Further information about OCD:
<http://www.mhsource.com/hy/oed.html>
- Information sheets on teaching students with various impairments:
<http://www.nottingham.ac.uk/disability/ITS%20leaflets.htm>
- Information about teaching English to students with mental health difficulties:
http://www.scips.worc.ac.uk/subjects_and_disabilities/english/english_mh.html/view
- Detailed information about teaching students with mental health difficulties with focus on adapting assessment methods:
www.studentmentalhealth.org.uk/chap3.htm

Contact information

Disability Resource Centre

Tel +44 (0) 1223 332301

Fax +44 (0) 1223 766863

Email: ucam-disability@lists.cam.ac.uk

Website: www.admin.cam.ac.uk/univ/disability

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